Name

Patricia H. Mitts

Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Office of Personnel Services.				Agency Number	
CHECK ONE: NEW POSITION EXISTING POSITION Part 1 - Items 1 through 12 to be completed by department head or personnel office.					
1. Agency Name Department of Children and Families	9. Position No. K0133644	10. Budget Program Number			
2. Employee Name (leave blank if position vacant)		11. Present Class Title (if existing position) Program Consultant I			
3. Division EES – SF Services Section		12. Proposed Class	Title		
4. Section	For	13. Allocation			
5. Unit Child Care Provider Enrollment	Use	14. Effective Date		Position Number	
6. Location (address where employee works)	Ву	15. By	Approved		
City Wichita County Sedgwick					
7. (circle appropriate time)	Personnel	16. Audit			
Full time Perm. Inter. Part time Temp. %		Date: Date:	By: By:		
8. Regular hours of work: (circle appropriate time)	Office	17. Audit	Dy.		
or regular nours or worm (enors appropriate time)		Date:	By:		
FROM: AM/PM To: AM/PM		Date:	By:		
PART II - To be completed by department head, personnel office or supervisor of the position.					
18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:					
The Audit conducted by the Office of Inspector General completed in April, 2014 emphasized the need for Child Care Provider Audits. This position will take on more of those tasks and less provider enrollment tasks. The classification remains the same.					
19. Who is the supervisor of this position? (person who assigns work, gives directions, answers questions and is directly in charge) Name Title Position Number					
Patricia H. Mitts Public S	Service Executiv	e II	K02244		
Who avaluates the work of an incumbent in this position?					

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

Public Service Executive II

Position Number

K0224449

Title

Work is performed independently exercising rational and reasonable judgment of established policies and procedures. Instructions are provided verbally and/or through unit meetings, individual conferences, and through instructions via administrative channels (memos, emails, etc).

21. Describe the work of this position <u>using the page or one additional page only</u>. (Use the following format for describing job duties):

What is the action being done (use an action verb); to whom or what is the action directed (object of action); why is the action being done (be brief); how is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task. Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

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No. Each Task and Indicate Percent of Time	E or M	Professional Attitude: While performing the tasks listed below, please remember that you are a representative of the Department for Children and Families, and you are expected to: Demonstrate a willingness to help. Remember that your customer is anyone needing or asking for your assistance. For example, this could be other agency employees, community partners, landlords, state and community providers, providers and individuals and families seeking services from the agency. Demonstrate an attitude of respect, (i.e. be attentive to the customer, communicate in a polite and professional tone of voice, meet with the customer or return phone calls or emails within a reasonable period of time and process requests for service as quickly as possible. Encourage individuals to identify and fulfill their own responsibilities. Practice personal self- discipline and maintain ethical and professional behavior in times of frustration with difficult customers. Provide information and service to those seeking assistance from this agency. If you are unable to directly provide that service or information, you should offer to connect them with someone who can assist or advise them.
60%	Е	Compliance Auditing
		Complete state-wide random audits of provider agreements. This involves reviewing the attendance records, EBT payments and the Parent-Provider agreement. May involve a home visit to the provider. Will coordinate findings with supervisor, Central Office Leadership, Program Mangers, regional provider enrollment staff and the Child Care Overpayment Detection and Prevention Unit. Overpayments will be determined and appropriate action taken. Corrective Action plans will be initiated and monitored for compliance. Provider agreements will be terminated if necessary. All activities and findings must be thoroughly documented.
		Maintain state-wide data on audit results and actions taken. It is imperative that this information be kept up to date and accurate as it will be available to federal and state agencies. This information will also be used by Program Managers to determine policy and procedure changes.
15%	E	Child Care Provider Enrollment Agreements Receive and process enrollments from persons wishing to enroll with DCF for Child Care Subsidy Program participation including regulated/unregulated care, out of home relative and in home providers. Upon receipt of initial/renewal enrollment with DCF, review for completeness and seek additional information or clarification if necessary. Work involves completing thorough background checks through various systems such as FACTS, CLARIS, KASPER, KAECSES and KSCares. Works closely with EES to insure that new providers are approved/denied in a timely manner.
20%	Е	Monitoring/Tracking/Collaboration Design, implement and maintain data on Audit results and action taken. Have and maintain security access to the database systems of partner agencies; when appropriately identified as a business need through review of the application/review. Access partner's automated systems (such as CLARIS) to determine provider standing regarding violations, provider status and historical information. Make rational and reasonable judgment calls on findings located in the systems to determine if action needs to be taken.

		Collaborate closely with Program Managers and other Central Of policy and procedures. Collaborate with Child Care Overpayment Detection and Prevent Collaborate with other DCF divisions as necessary. Collaborate with KDHE and other community partners as necessary. Make informative presentations to various other departments and	ion unit on possible overpayments.		
10%	Е	Other Duties Attend trainings and meeting as requested. Provide coverage for state travel as necessary.	Provider Enrollment staff as needed. In-		
	Е				
()]	Lead worker	leadership, supervisory, or management responsibilities, check the assigns, trains, schedules, oversees, or reviews work of others.	statement which best describes the position:		
		evaluates, and directs work of employees of a work unit. thority to carry out work of a unit to subordinate supervisors or ma	no core		
()1	Delegates au	thority to carry out work of a unit to subordinate supervisors of ma	nagers.		
b. List i Nam		lass titles, and position numbers of all persons who are supervised of Title	directly by employee on this position. Position Number		
		est describes the results of error in action or decision of this employ	ee?		
 () Minimal property damage, minor injury, minor disruption of the flow of work. () Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others. 					
(X) M	(X) Major program failure, major property loss, or serious injury or incapacitation.				
() Loss of life, disruption of operations of a major agency.					

Failure to complete audits correctly can result in inappropriate overpayments/underpayments.

Failure to monitor corrective action plans may result in providers not complying with DCF agreement and receiving money inappropriately.

Failure to complete work can result in necessary services for clients not being provided and possibly over/under payment of providers. Failure to conduct appropriate screenings could result in:

- 1. Children being cared for in substandard arrangement which may result in injury or death of the child.
- 2. Child being cared for by persons with felonies or substantiated child abuse history.

Please give examples:

24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?
Daily contact will be made with providers, the public and other employees for the purpose of establishing and maintaining child care provider agreements and completing audits.
25. What hazards, risks or discomforts exist on the job or in the work environment?
Stress, eye/wrist/neck strain, angry customers, traveling, extended periods of sedentary work.
26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:
Daily – phone, computer, copier, scanner
PART III - To be completed by the department head or personnel office
27. List the <u>minimum</u> amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.
Education - General
Education or Training - special or professional
Licenses, certificates and registrations
Special knowledge, skills and abilities

a necessary special requireme	tions for this position the	at are necessary either as a physical requirement of an incumbent on the job, onal qualification (BFOQ) or other requirement that does not contradict the fication. A special requirement must be listed here in order to obtain
Signature of Employee	Date	Signature of Personnel Official Date Approved:
Signature of Supervisor	Date	Signature of Agency Head or Date Appointing Authority